



Iowa ADAP Formulary

The Iowa ADAP covers any medication that is prescribed by your physician unless it is listed on the ADAP Formulary Exclusion List or falls under a category listed on the ADAP Formulary Exclusion List.

Iowa ADAP Formulary Exclusion List

1. Abortifacients – misoprostol, etc.
2. Acne medications – tretinoin, benzoyl peroxide, Accutane, ect.
3. Anti-rheumatic injectables – Humira, etc.
4. Blood Sera
5. Botulinum Toxin
6. Compound medications (Prior Authorization required*)
7. Cosmetic medications – Botox, creams and ointments, etc.
8. Cough suppressants – Robitussin DM, Promethazine w/ codeine
9. Durable Medical Equipment
10. Erectile Dysfunction medications – Viagra, Cialis, sildenafil
11. Fertility medications – Clomid, Menopur, Follistem, etc.
12. Hair Removal/Growth medications
13. Human Growth Hormone
14. Hyaluronic Acid derivatives
15. Immune Globulin intravenous
16. Infusions
17. Injectable muscle relaxants
18. Schedule 2 controlled substances – Percocet, Adderall, hydrocodone, methadone, etc.

*The Prior Authorization for compound medications will be facilitated by NuCara Pharmacy and coverage will be determined by the Iowa ADAP depending on cost.